

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name U.S. Chamber of Commerce		2. FEC Identification Number C30001101
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1615 H Street NW		
(c) City, State and ZIP Code Washington, DC 20062		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period 02' 06' 2012 through 02' 09' 2012
---	---

5. (a) Date of Public Distribution(s) 02' 09' 2012	(b) Communication Title Protect
--	---------------------------------

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)
(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes ☐ No ☐

8. Custodian of Records

(a) Name Wade Powers	
(b) Address (number and street) 1615 H Street NW	
(c) City, State and ZIP Code Washington DC, 20062	
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce	(e) Occupation Executive Director

9. Total Donations This Statement	0.00
-----------------------------------	------

10. Total Disbursements/Obligations This Statement	261,250.00
--	------------

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Wade Powers

SIGNATURE Wade Powers DATE 2/9/12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A. (a) Name

Rob Engstrom

(b) Address (number and street)

11615 H Street NW

(c) City, State and ZIP Code

Washington, DC 20062

(d) Name of Employer or Principal Place of Business

U.S. Chamber of Commerce

(e) Occupation

Senior Vice President

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE **3** OF **3**

A. Full Name (Last, First, Middle Initial) of Payee

DMM Media

Mailing Address of Payee

3299 K Street NW

City

Washington

State

DC

Zip Code

20007

Name of Employer

Occupation

Date of Disbursement or Obligation

02 / 06 / 2012

Amount

261,250.00

Communication Date

02 / 09 / 2012

Purpose of Disbursement (Including title(s) of communication(s))

"Protect" - TV Spot - Production and Media Placement

Name of Federal Candidate

Office Sought:

☐ House

State: **OH**

☐ Senate

District: **—**

☒ President

Disbursement/Obligation For:

☒ Primary ☐ General

☐ Other (specify) ▶

Name of Federal Candidate

Office Sought:

☒ House

State: **OH**

☐ Senate

District: **16**

☐ President

Disbursement/Obligation For:

☒ Primary ☐ General

☐ Other (specify) ▶

Name of Federal Candidate

Office Sought:

☐ House

State: **—**

☐ Senate

District: **—**

☐ President

Disbursement/Obligation For:

☐ Primary ☐ General

☐ Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City

State

Zip Code

Name of Employer

Occupation

Date of Disbursement or Obligation

MM / DD / YYYY

Amount

MM / DD / YYYY

Communication Date

MM / DD / YYYY

Purpose of Disbursement (Including title(s) of communication(s))

Name of Federal Candidate

Office Sought:

☐ House

State: **—**

☐ Senate

District: **—**

☐ President

Disbursement/Obligation For:

☐ Primary ☐ General

☐ Other (specify) ▶

Name of Federal Candidate

Office Sought:

☐ House

State: **—**

☐ Senate

District: **—**

☐ President

Disbursement/Obligation For:

☐ Primary ☐ General

☐ Other (specify) ▶

Name of Federal Candidate

Office Sought:

☐ House

State: **—**

☐ Senate

District: **—**

☐ President

Disbursement/Obligation For:

☐ Primary ☐ General

☐ Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

(carry total from last page to Line 10)

MM / DD / YYYY

261,250.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.	
N/A PREPARER (5/2004)	N/A DATE PREPARED